

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Timothy Joseph Nichols  
TITLE: Method and Apparatus to Secure Data Transfer From Medical Device Systems



CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL 191394855 US, on this 2 day of November, 1999.

Karen L. Hoffman

Signature

Assistant Commissioner for Patents  
BOX PATENT APPLICATION  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231



Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal  
X Specification:  
Total pages: 59 (cover/title page 1 sheet; specification. 36 sheets; claims 13 sheets; abstract - 1 sheet)  
X Drawings:

Total sheets: 8  
☐ formal ☒ informal

X Combined Declaration and Power of Attorney:

- X newly executed  
☐ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

- ☐ Notification of filing a  
X Assignment of the Invention to Medtronic, Inc.  
X Assignment cover sheet  
☐ Information Disclosure Statement  
☐ PTO Form 1449  
☐ Copies of IDS citations  
☐ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation of prior application No.        ☐ Divisional ☐ Continuation-in-part (CIP)  
☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number       , filed       .  
☐ Cancel in this application original claims        of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)  
☐ The prior application is assigned of record to Medtronic, Inc.  
☐ The Power of Attorney in the prior application is to:

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

☒ Address all future correspondence to: **Girma Wolde-Michael**  
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	69	20	=	49	x 18	882.00
Independent Claims	10	3	=	7	x 78	546.00
Multiple Dependent Claims					+ 260	
Basic Filing Fee						\$ 760
TOTAL						<b>\$2,188</b>

☒ Charge Deposit Account No. 13-2546 the sum of \$760.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of **\$2,228.00.**

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

11/02/99

Date



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